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Case Report

Elephantiasis Nostras Verrucosa: Interest in Acting Early!

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Abstract

Elephantiasis nostras verrucosa is a complication of chronic lymphedema with progressive dermal fibrosis, epidermal changes, hyperkeratosis, and papillomatosis, resulting in a classic cobblestone appearance. We report a new observation of ENV in a polypathological patient.

Introduction

Elephantiasis nostras verrucosa (ENV) is a rare disease marked by chronic non-filarial lymphedema resulting in lymphatic obstruction, leading to skin hypertrophy with disabling complications [1].

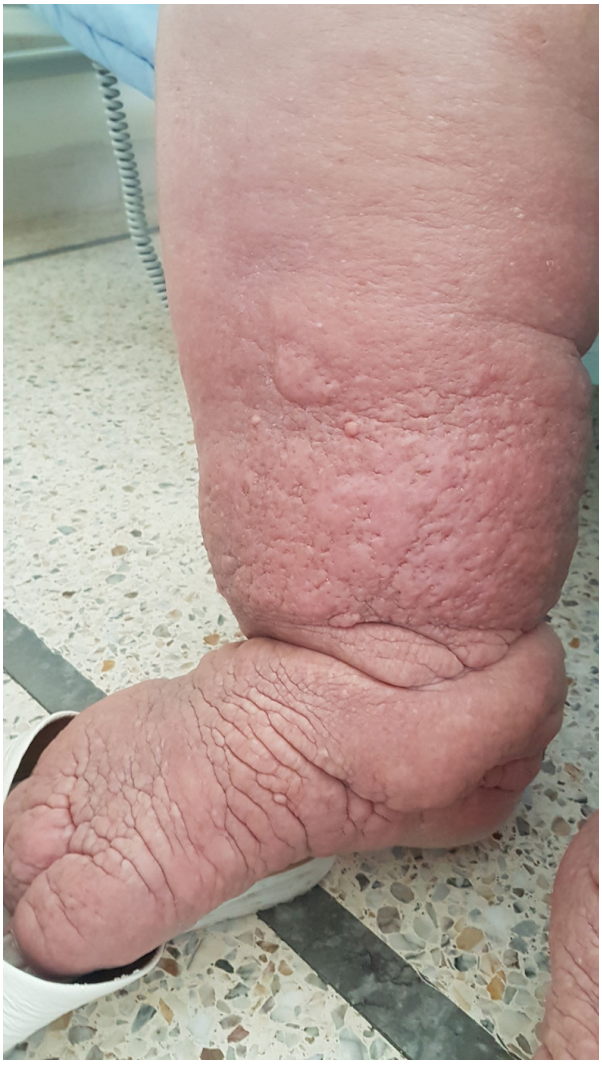

Figure 1: Two inferior limbs increased in size.

Observations

A 75-year-old female patient with a history of recurrent bilateral erysipelas complicated by lymphedema, who suffered from congestive heart failure, diabetic nephropathy, and obesity, and also complained of worsening dyspnea on exertion. His surgical, travel, and family history were unremarkable.

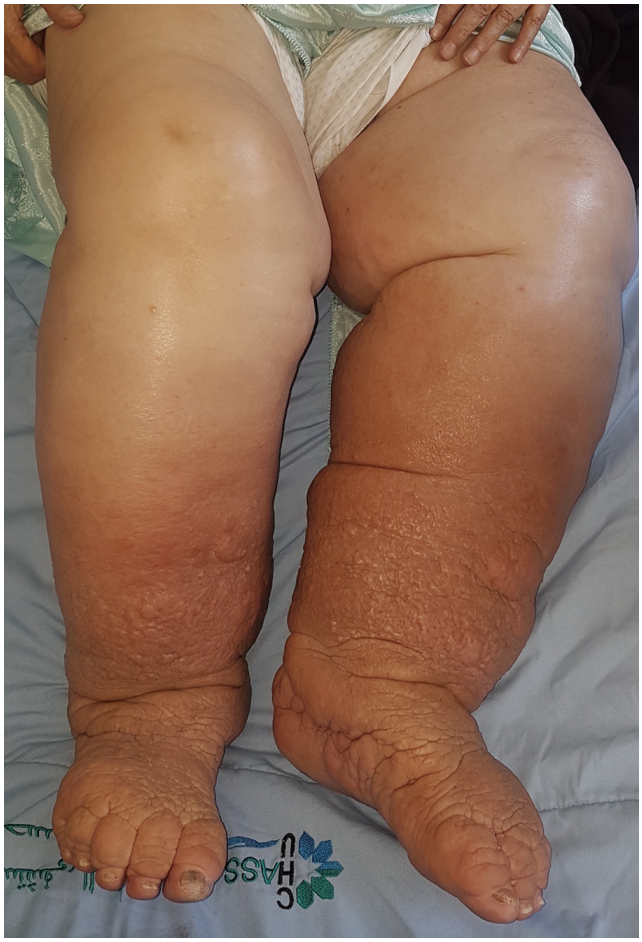

Figure 2: Papillomatous and verrucous appearance.

On physical examination, her lower extremities were enlarged with papillomatous and verrucous lesions **(Figure 1,2)**. Kaposi-Stemmer sign was present.

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Discussion

Elephantiasis Nostras Verrucosa (ENV) was initially defined as a condition resulting from lymphatic blockage caused by neoplasms, trauma, radiation therapy, congestive heart failure, obesity, hypothyroidism, chronic venous stasis, and filarial infection [2,3].

The lower extremities are the most common site of ENV. Initially, it presents as mild, persistent edema. Then, the skin loses its elasticity becoming hypertrophic, warty and scaly.

Complications may be infectious (mycotic intertrigo or erysipelas), dysimmune or neoplastic (angiosarcoma) [4].

It must be differentiated from pretibial myxedema, filariasis, lipedema, chromoblastomycosis, lipodermatosclerosis and venous stasis dermatitis [4,5].

In the management of ENV, it is crucial to treat the underlying causes. Compression with elastic bandaging is considered an effective treatment. Systemic diuretics and antibiotics may be necessary to reduce edema and control infection.

The expected survival of a patient with ENV is based on the severity of lymphedema, underlying diseases, and other contributing factors. Early diagnosis and early intervention in the vicious cycle will result in better outcomes [3].

Conclusion

Therefore, it is imperative to recognize this rare disease in its early stages and to control infection and edema as soon as possible to prevent debilitating deformities.

Consent: The examination of the patient was conducted according to the Declaration of Helsinki principles.

Conflicts of interest: The authors do not declare any conflict of interest

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